STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046052	A. BUILDING: _____ B. WING _____	12/21/2016

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 98569 and 109217 at the above named residential health care facility conducted on 12-19-16, 12-20-16 and 12-21-16.	S 000		
S3160 SS=E	26-41-204 (c) HEALTH CARE SERVICES (c) The health care services provided by or coordinated by a licensed nurse may include the following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(c)(1) The facility reported a census of 36 residents. The sample included 3 residents. Based on record review and interview for 1 (#917) of 3 sampled residents and 1 (#919) non-sampled resident, the administrator failed to ensure the health care services coordinated by a licensed nurse which included personal care were provided by direct care staff or by certified or licensed nursing staff employed by a home health agency licensed in through Kansas Department for Health and Environment (KDHE).	S3160		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3160	Continued From page 1 Findings included: - Record review for resident #917 revealed admission (along with spouse, resident #919) on 6-19-16 with diagnoses Diabetes Mellitus Type 2, Alzheimer's Disease, Dementia with Behavioral Disturbance, Hyperlipidemia and Hypothyroidism. . The functional capacity screen (FCS) dated 6-17-16 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications; unable to perform management of treatments. Cognition: problems with short term memory, long term memory, memory recall and decision-making. The FCS updated on dated 10-19-16 for a significant change recorded resident in addition to the above assessment also required physical assistance with eating and was unable to perform management of medications. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-19-16 recorded "Resident is using a private companion " and identified outside agency #1, outside agency #2 and family members to provide. " Resident has had caregivers assisting in the home setting prior to admission to facility and will continue them. Family employs outside assistance through (outside agency #1), they will provide mostly companion tasks and will assist with cares as needed. The schedule will be determined by family and community. Family also employs outside assistance through (outside agency #2) and they will provide one on one assistance for safety and will assist as needed. This schedule will be determined by family and community.	S3160		

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S3160	Continued From page 2	S3160		

Nutrition: "(Resident #917) needs assistance to eat meals which are planned, prepared and served to him/her. Most times resident requires physical assistance to consume meals, at times resident may be able to assist self but will still require constant verbal cues from staff ...Family has hired outside agency that helps with resident at times this sometimes includes meal assist. When agency staff is not here community staff should assist resident and encourage additional fluids."

The NSA was amended 11-11-16: "Private care givers from (outside agency #1).

The facility provided documentation for outside agency #2 of home health agency licensure in Kansas through KDHE (Kansas Department of Health and Environment) and a Third Party Provider Access Agreement for Healthcare. The Agreement was "effective 8-15-16" and lacked documentation of facility representative signature but was signed by agency representative on 12-20-16.

The facility failed to provide documentation for outside agency #1 for home health agency licensure in Kansas through KDHE. The Third Party Provider Access Agreements for Healthcare stated that the provider was " licensed or otherwise qualified to provide Private Duty Companion/Caregiver ("Services"). The Agreement was "effective 8-15-16" and lacked documentation of signatures.

On 12-21-16, outside agency #1 provided documentation stating "Our caregiver visits client 7 days a week from 11:30 am to 2:30 pm only. She/He assists our client with his/her bathroom needs, transfers and also assist him/her at meal

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S3160	Continued From page 3 times. Interviews on 12-19-16 around 11:45 a.m. and 12-20-16 at 4:12 p.m. with Administrative Staff A and Administrative Nurse B identified 4 residents in facility who utilized outside agency staff which included resident #917 along his/her spouse, resident #919. Stated, if certified, the caregivers do provide "hands on" care. Confirmed the facility lacked documentation of contracts with any agencies providing caregivers for the 4 residents utilizing them and documentation for agency staff of evidence of certification, criminal background checks or TB (tuberculosis) surveillance. Stated family for resident #917 and #919 were admitted with (outside agency #1) and agency staff had a "flexible schedule" which was made by the family. If resident #917 experienced increased needs, the family would call the agency and schedule more caregivers. They tried outside agency #2 and found it to be more expensive so returned to using outside agency #1 which they currently use. Confirmed unable to provide documentation of agency staff schedule. Written statement from Administrative Staff A on 12-20-16 stated: "...responsible party for resident #917 and #919 had been using companion caregivers from (outside agency #1) for several months prior to admission to (facility). They have continued to use (outside agency #1) during their stay here since June of 2016." For residents #917 and #919, the operator failed to ensure the health care services coordinated by a licensed nurse which included personal care were provided by direct care staff or by certified or licensed nursing staff employed by a home health agency licensed through Kansas Department for Health and Environment (KDHE).	S3160		

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S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)	S3215		

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S3215	Continued From page 5 The facility reported a census of 36 residents. The sample included 3 residents. Based on observation and interview, the licensed nurse failed to ensure all medications and biologicals are properly stored in accordance with manufacturer's recommendations in regard to the need to discard Tuberculin PPD injection solution 30 days after the vial is opened. Findings included: - Observation of medication refrigerator with Administrative Nurse A and Staff Nurse D on 12-20-16 at 11:15 a.m. revealed the following: Tuberculin PPD injection solution: 1 open bottle with ¼ amount of solution remaining which lacked documentation of the date first used/opened. The date filled by the pharmacy not available. Interview on 12-19-16 at 11:50 a.m. with Administrative Nurse B and Staff Nurse D confirmed the bottle of Tuberculin PPD injection lacked documentation of the date first used/opened and stated the solution was to be discarded after 30 days. Stated solution was possibly last used on 12-16-16. Administrative Nurse B removed the bottle so it could be discarded. For all residents and staff requiring tuberculosis skin testing, the licensed nurse failed to ensure all medications and biologicals are properly stored in accordance with manufacturer's recommendations in regard to the need to discard Tuberculin PPD injection solution 30 days after the vial is opened.	S3215		

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S3298	Continued From page 6	S3298		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 36 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. Findings included: - Review of food temperature logs on 12-19-16 at 12:49 p.m. revealed the following:	S3298		

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S3298	Continued From page 7 Logs for November 2016 lacked documentation of food temperatures for Dinner on 11-9-16, 11-16-16, 11-17-16, 11-29-16, and Breakfast on 11-30-16. Logs for December 2016 lacked documentation of food temperatures for Dinner on 12-13-16, Breakfast 12-14-16, Dinner 12-16-16. Interview on 12-19-16 at 11:25 a.m. with Dietary Staff C confirmed the food temperature logs lacked documentation on the above dates/meals. Stated he/she serves meals "within a minute or two" after taking food temperatures. Review of facility policy for "Temperature Standard for Preparation" revealed: "Policy Overview: To ensure the safety of our residents and associates, it is critical that all products are cooked to the appropriate final internal cooking temperature for the appropriate amount of time per standards established by the Food and Drug Administration. " "Policy Detail: 3. All communities should cook foods to the minimal internal cooking temperatures that is maintained for a specific time ...Poultry, Stuffed Meats, Eggs Fish and Meat: 165 degrees F; Ground Meat 155 degrees F; Fruit or Vegetable Hot Held for Service 140 degrees F. Commercially Processed, Ready to Eat Food Hot Held: 140 degrees F; Reheated Foods 165 degrees F for 15 seconds" The facility failed to follow its policy for monitoring food temperatures and the policy lacked procedure for documentation of food temperature monitoring.	S3298		

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S3298	Continued From page 8 For all residents, the operator failed to ensure food shall be served at the proper temperature.	S3298		